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SERIAL NUMBER 10/642,255	FILING OR 371(c) DATE 08/15/2003 RULE	CLASS 514	GROUP ART UNIT 1633	ATTORNEY DOCKET NO. 52339AUSM1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/403,637 08/16/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/21/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 28	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Kevi Koffey</i> <i>KCH</i> Examiner's Signature Initials				

## ADDRESS

27586

## TITLE

Gene therapy for critical limb ischemia with wild type or mutant eNOS

FILING FEE RECEIVED 2288	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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